

**CITY OF SOUTH TUCSON PERMIT APPLICATION**

1601 SOUTH 6TH AVENUE

(520) 792-2424

(520) 628-9619 FAX

RESIDENTIAL ☐COMMERCIAL ☐**APPLICANT INFORMATION**

NAME:		Permit Type:	
ADDRESS:		Building	<input type="checkbox"/>
PHONE NUMBER:		Curb Cut/ROW:	<input type="checkbox"/>
E-MAIL:		Electric:	<input type="checkbox"/>
ADDRESS/LOCATION OF PROPOSED PERMIT ACTIVITY:		Gas:	<input type="checkbox"/>
PROPERTY OWNER'S NAME, ADDRESS AND TELEPHONE NUMBER:		Mobile Home:	<input type="checkbox"/>
DESCRIPTION OF WORK AND/OR TYPE OF INSPECTION REQUIRED:		Plan Reading:	<input type="checkbox"/>
SQUARE FOOTAGE OF CONSTRUCTION AREA:		Plumbing:	<input type="checkbox"/>
ESTIMATED VALUATION: \$		Sign:	<input type="checkbox"/>
PIMA COUNTY WASTEWATER PERMIT #		Sprinkler:	<input type="checkbox"/>
(REQUIRED FOR NEW CONSTRUCTION AND ADDITIONS THAT AFFECT WASTEWATER OPERATIONS)		Street Cut:	<input type="checkbox"/>
SIC CODE #		OTHER:	<input type="checkbox"/>
		Permit Information:	
		Permit #	
		Date Issued	
		Commercial	
		Residential	
		Permit Fee	
		Receipt #	
		Clerk:	

SIGN PERMIT APPLICATION

NUMBER OF SIGNS:	SQUARE FOOTAGE OF SIGN:
ESTIMATED VALUATION: \$	
SIGN CONTRACTOR INFORMATION	
SIGN CONTRACTOR:	
ADDRESS:	
ROC #	TELEPHONE NUMBER:
REQUIRED: City of South Tucson Business License: #	

COMMERCIAL APPLICATIONS ONLY

PRINT NAME AS WILL BE DISPLAYED ON OFFICIAL PERMIT

NAME OF BUSINESS/OWNER:
BUSINESS/OWNER ADDRESS:
BUSINESS/OWNER TELEPHONE NUMBER:

CONTRACTOR INFORMATION

NAME:
ADDRESS:
TELEPHONE NUMBER:
ROC #
REQUIRED: City of South Tucson Business License: #

I UNDERSTAND THAT A REINSPECTION FEE IS REQUIRED FOR ANY SECOND OR FAILED INSPECTION AND THEREAFTER.**UNDER PENALTY OF PERJURY, I/WE DECLARE THAT THE INFORMATION IN THIS DOCUMENT IS TRUE AND CORRECT.**

X _____

Applicant's Signature

DATE: _____